Attorney's Docket No.: 10559-423001 / P10437



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Frederick William Strahm et al.

Art Unit : 2154

09/811,161

Examiner: Ashokkumar B. Patel

Filed

: March 16, 2001

Title

: NETWORK COMMUNICATION

MAIL STOP RCE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Applicants request consideration of the references listed on the attached PTO-1449 form. Under 37 C.F.R. § 1.98 (a)(2)(ii), only copies of foreign patent documents and/or non-patent literature are enclosed. Copies of any listed U.S. patents or U.S. patent application publications can be provided upon request.

This filing is being made with the filing of a Request for Continued Examination. No fee is required.

Respectfully submitted,

Reg. No. 55,658

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Substitute Form PTO-1449	U.S. Department of Commerce Patent and Trademark Office	Attorney's Docket No. 10559-423001	Application No. 09/811,161	
hy Applicant		Applicant Frederick William Strahm et al.		
	neets if necessary)	Filing Date March 16, 2001	Group Art Unit 2154	

U.S. Patent Documents							
Examiner Initial	Desig. ID	Document Number	Publication Date	Patentee	Class	Subclass	Filing Date If Appropriate
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	АН						
	AI						
	AJ						
	AK						

Foreign Patent Documents or Published Foreign Patent Applications								
Examiner	Desig.	Document	Publication	Country or				lation
Initial	ID	Number	Date	Patent Office	Class	Subclass	Yes	No
	AL							
	AM							
	AN							
	AO							
	AP							

Other Documents (include Author, Title, Date, and Place of Publication)				
Examiner Initial	Desig. ID	Document		
	AQ	RFC 2002 – IP Mobility Support, <u>C. Perkins, Editor</u> 1-81 (1996)		
	AR			
7 - Mar - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	AS			
	AT			

Examiner Signature	Date Considered
EXAMINER: Initials citation considered. Draw line through citation if no next communication to applicant.	et in conformance and not considered. Include copy of this form with
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